

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15105

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SULLIVAN-R.R.</u>		c. LENGTH OF STAY (In this place) .....		c. CITY OR TOWN <u>SULLIVAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BLUE HOLE AT CAIN BOTTOM MERAMEC RIVER</u>				e. STREET ADDRESS (If rural, give location) <u>336 S. PARK</u> <u>0281</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>DOYLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 27, 1920</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STANTON, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>HARVE DOYLE</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA SCHUGER</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE FARRIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR II 498-01-5175</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fluence Doyle Sullivan, Mo.</u> ADDRESS .....			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) .....  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accidental Drowning</u> DUE TO (c) <u>when thrown off horse while trying to cross</u>				INTERVAL BETWEEN ONSET AND DEATH .....			
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION <u>Meramec River</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Meramec River</u>		21b. CITY, TOWN, OR TOWNSHIP <u>Sullivan</u>		21c. COUNTY <u>Franklin</u>		21d. STATE <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 8, 1955 3:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Horse began to back &amp; I was thrown off</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Oris L. Ottaway</u>		(Degree or title) <u>coroner</u>		23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>May 8, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 11, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAVE SPRING CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN R.R. MO</u>	
DATE REC'D BY LOCAL REG. <u>5/9/55</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>		FUNDAL DIRECTOR'S SIGNATURE <u>H. Wheaton</u>		ADDRESS <u>Sullivan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1955

JUN 2 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. A. Humphrey* .....  
Licensed Embalmer No....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.